

COVID-19 and Women: Examining the Gender Impacts of COVID-19 in Lagos State using the Capacities and Vulnerabilities Approach Framework

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Abstract

A capacity and vulnerability approach (CVA) to disease outbreaks and natural disasters would, invariably, give the idea that epidemics and pandemics do not affect people equally. Certain groups are more vulnerable to disease outbreaks than others as determined by unequal access to resources, opportunities, capabilities, among other factors. A review of available literature about disease outbreaks reveals the disproportionate vulnerabilities women face during these disease outbreaks. Originally developed to guide humanitarian preparedness and intervention, CVA has also been employed as a gender analysis framework to help identify “specific strengths and weaknesses of a particular community that may help or hinder individuals in that community to address social, political, environmental, resource, and developmental concerns” (Birks et al. 2016 p. 931). The purpose of this article, therefore, is to examine the gender impacts of the novel corona virus in Lagos State using the capacities and vulnerabilities approach (CVA) framework, and to present a tool for the future gender analysis of the COVID-19 pandemic impacts.

Keywords: Gender, Women, COVID-19, CVA, Pandemic, Women Empowerment, Gender Roles, Gender Communication

Introduction: Conceptualising Pandemic Influenza

What is a pandemic? How do we identify a disease outbreak to be a pandemic? The new corona virus 2019 outbreak (COVID-19) upset our way of life and is going to leave with us, as the most defining feature of the year 2020, a word hitherto unfamiliar to many people around the world: pandemic. Not that the world has never experienced a disease outbreak in the scale and dynamics of the novel corona virus 2019; it is that for a lot of people, no disease outbreak has impacted them so much like this influenza. Before COVID-19, the last pandemic, the 2009-2010 H1N1 Swine Flu, was exactly ten years ago; but it feels like a lifetime ago now because it did not cause a complete shutdown of social and economic life. True, it affected at least 60 million people across the world (Centre for Disease Control and Prevention, 2019), however, the global social and economic impacts were insignificant compared to the harsh social and economic sacrifices that hallmarked COVID-19. Therefore, for most people, the new Corona virus introduced strange, wholesale adjustments to their lives that are incongruent with what they know as normal. COVID-19 spread like a wildfire from the little enclave in Hubei Province, Central China where it emerged. More than 200 countries and territories have played host to the contagion, and the health emergency it generated has caused a public health crisis in many countries of the world. Economies are in shambles and millions of people world over have yet again been hauled into poverty as a result of the widespread economic impacts of the virus.

The concept of pandemic is as challenging as the disease outbreak the term defines. No consensus has been reached as to the exact, quotable meaning and implications of the word "pandemic", and although the World Health Organisation already proposed a definition for the term, it has, however, generated controversies regarding its appropriateness, especially following the events surrounding the 2009-2010 H1N1 outbreak (Doshi, 2011). Doshi submits that the disproportionate response by governments across the world to the 2009-2010 H1N1 outbreak brought under scrutiny the definition ascribed to the word and its implications on the preparedness for and response to disease outbreaks. The popular, widely used definition of pandemic

submitted by the Dictionary of Epidemiology was “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people” (Harris, 2000 cited in Qiu, et al., 2017). This definition was deemed insufficient because it was simplistic and does not capture other factors that scholars and scientists believe should feature in an acceptable definition of the word. Morens, Folkers, and Fauci (2009) argue that although it is true that pandemics usually cover a wide geographical space and affect a lot of people, but the questions remain that must a disease outbreak be explosive, novel, or severe before it is deemed to be a pandemic? Heath Kelly (2011) opines that going by the above definition, pandemics can then be said to occur annually in each of the temperate southern and northern hemispheres because seasonal epidemics cross international boundaries and affect a lot of people. However, they are not classified as so.

Morens, Folkers, and Fauci expanded the classical definition of pandemic, outlining key critical elements that should be captured in any description of pandemic. According to them, a disease outbreak could be termed a pandemic if it has wide geographic extension; a disease movement that can be traced from place to place; high attack rates and explosiveness – diseases even when they spread widely but have low rates of transmission or symptoms do not usually pass the pandemic test; minimal population immunity- susceptibility of the population is an important factor in the description of a pandemic; novelty – “the term pandemic has been used most commonly to describe diseases that are new, or at least associated with novel variants of existing organisms” (Morens, Folkers, & Fauci, 2009); infectiousness – a disease outbreak must be transmissible before it can be termed a pandemic; contagiousness –aside from infectiousness, pandemics are contagious, usually passed from person to person; and *severity* – “the term pandemic has been applied to severe or fatal diseases (e.g., the Black Death, HIV/AIDS, and SARS) much more commonly than it has been applied to mild diseases” (Morens, Folkers, & Fauci, 2009, p.1020). Kelly (2011) submits that simultaneous worldwide transmission, transmissibility, and disease severity are sufficient to describe a pandemic influenza; a test the aforementioned 2009-2010 H1N1 Swine Flu appeared to not have

passed based on the criteria that describe what a pandemic looks like.

A pandemic, therefore, is a new disease outbreak that crosses international boundaries, affects a lot of people, is contagious, easily and quickly spread, is potentially fatal, and with the population having low immunity to it. There is no contesting the fact that the new Corona virus 2019 (COVID-19) is a pandemic, having passed all the above-listed criteria. COVID-19 has so far infected over 40 million people in more than 200 countries and territories, resulting in more than a million deaths according to daily updates obtainable on Worldometers - a COVID-19 tracking website (October, 2020). The numbers keep surging daily. The aim of this paper, therefore, is to examine the gender impacts of the corona virus pandemic in Lagos State using the capacities and vulnerabilities approach (CVA) frame work.

The New Coronavirus 2019: An Overview

The new corona virus, named COVID-19 by the World Health Organisation, is a viral disease caused by the severe acute respiratory corona virus 2 (SARS-CoV-2): a virus strain that belongs to a family of corona viruses found in animals and are transported via human contacts with the carrier agent. According to reports, the primary cluster of patients with suspected COVID-19 symptoms was linked to a local Huanan South China Seafood Market in Wuhan, Hubei Province, China, when a local hospital identified four patients with “pneumonia of unknown etiology” (Adhikari, et al., 2020; Dhama, et al., 2020). From this enclave in South China, the novel corona virus has left its devastating footprints all over the world. The European Organisation for Economic Cooperation and Development (OECD) declares it a public health crisis without precedent in living memory and is “causing large-scale loss of life and severe human suffering” (OECD, 2020, p. 1). COVID-19 has proven to not just be a public health crisis: it is attacking the core of societies and economies around the world, and while its impacts vary from country to country, the United Nations Development Programme, UNDP (2020) admits that it will most likely increase poverty and inequalities at a global scale.

In Africa, infections rate is lower compared to the rest of the world. According to Worldometer, approximately 2 million corona

virus cases have been recorded in Africa; however, this does not exempt the continent from the social and economic fallout of the pandemic. Economies are stressed all over the world, and in Africa where poverty remains a widespread and intractable problem, the pandemic poses additional threats to Africa's fragile political and social environment. Lagos State, Nigeria, is the ground zero of the corona virus in the country, having recorded over 20,000 cases since March, 2020 (Worldometer, October 2020), that the virus infiltrated the state. Lagos State account for more than 30% of the total corona virus cases recorded in Nigeria, and as such, makes it fit for this research purpose.

Literature Review: Gender Dimensions of Disease Outbreaks and Natural Disasters

In *Ebola and Accusation: Gender Dimensions of Stigma in Sierra Leone's Ebola Response*, Olive Melissa Minor (2017) uncovered the gender dimensions of the Ebola Virus Disease (EVD) outbreak in Sierra Leone. According to the researcher, although the Ebola Virus Disease affected men more from the outset owing to their primary contacts with the vector; however, as the contagion progresses, more infections were increasingly registered among women than men. The reasons were obvious: the prescribed gender roles in Sierra Leonean communities effectively confine women to domestic and care giving duties. While the men are busy with security, women manage the house and care for sick family members. This puts them in direct risk of contracting the virus. Minor reports further that:

Women's care giving role placed them regular contact with the bodily fluids of children and other dependents, leaving them little room to follow Ebola prevention advice to 'avoid body contact'. In survivor focus groups, one female survivor after another described having fallen sick - not because of denial, resistance or hostility towards EVD prevention advice - but because of the critical social weight of women's 'sympathy' in caring for the sick and the dead. (pp.27-28)

The implication was that women were left exposed to the virus, dramatically increasing the number of EVD victims among them. It did not stop there. Existing patterns of gender relations compounded women's vulnerabilities by limiting access to

healthcare and resources to help them deal with the health and economic impacts of the virus. According to Minor, the domestic and care giving roles of women meant that they were not allowed to even leave the house to seek medical attention outside. In emergency health situations, women would still remain at home to take care of the house because the men would not take up that responsibility. The fatality rate among women was, therefore, higher than men's. Minor, citing Almuneda Saez (2013) noted that it is perceived a sign of failure to fulfill their domestic responsibilities when women attempt to seek medical assistance outside of the house, even during childbirth. Husbands may even respond with insults and violence in cases where wives leave the house because of health emergencies. In addition to health risks, women are also stigmatised and sometimes held responsible for their own illness or the death of a family member. Labels like "wicked", "careless", and "witch," etc., are fully applied to fault them on the death of a relative or if they fall ill. This places a physical and mental burden on women to fight for not only their health, but also their identity (Minor, 2017, p.28).

Economic disenfranchisement occurs at this point as well as women are no longer able to work and their support system breaks down due to movement restrictions. Gender-based violence increases, too, and young now-at-of-school-women are at risk of sexual exploitation and premarital pregnancies. Similar patterns are emerging with the novel corona virus 2019 (COVID-19). In COVID-19: the gendered impacts of the outbreak, Julia Smith and Rosemary Morgan (2020) admitted that although current sex-disaggregated data for COVID-19 are incomplete, simultaneous data from the State Council Information Office in China report that 90% of healthcare workers in Hubei Province, ground zero of the outbreak, are women; placing them at an increased chances of contracting the contagion. Echoing this position, Paz et al. (2020) claim that COVID-19 is not gender-blind, and the existing social and political construct around gender relations are increasing the vulnerability of one gender than the other. They posit further that: gender gaps in outcomes across endowments, agency and economic opportunity persist across countries. The impact of the COVID-19 pandemic will be amplified by those pre-existing gender differences. For the most part, the negative impacts can be expected

to exacerbate (i.e. more individuals are affected) and deepen (i.e., the conditions/disadvantages of some individuals worsen) (p.3). COVID-19, according to the World Bank document, would aggravate the existing socio-economic conditions of women and open up possibilities for new challenges. Gender-based violence and economic setbacks are some of the observed negative trends occasioned by the virus, and as women are more occupied in informal sectors, the risk of losing their means of survival has been amplified by the various restrictions and containment measures inspired by the COVID-19 disease outbreak. As women engage in unpaid labours catering to the sick and managing their households and as they are less-involved in decision making in the society, their agency risks erosion and their vulnerability to a virulent disease is all the more evident. The United Nations Policy Brief on the impact of COVID-19 on women submits that: as women take on greater care demands at home, their jobs will also be disproportionately affected by cuts and lay-offs. Such impacts risk rolling back the already fragile gains made in female labor force participation, limiting women's ability to support themselves and their families, especially for female-headed households. In many countries, the first round of layoffs has been particularly acute in the services sector, including retail, hospitality and tourism, where women are overrepresented (April 2020).

Of equal importance to this review is the gender dimension of natural disasters as a phenomenon that affects a large number of people at the same time. Although natural disasters do not fit the classical definition of a pandemic or even an epidemic as they are not diseases, however, the scale in terms of socioeconomic and health impacts compelled a review of documents in this area to compare with the gender dimensions of disease outbreaks. Eric Neumayer and Thomas Plumper (2007) in "The Gendered Nature of Natural Disasters: The Impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981-2002" suggest that natural disasters do not affect people equally and that the vulnerabilities of certain groups to natural disasters are determined by access to resources, opportunities, and capabilities. According to them, "the impact of natural disasters is not entirely determined by nature, but is contingent on economic, cultural, and social relations" (ibid, p551). Aside from biological and physiological differences, Neumayer and Plumper identify women's social roles as important

factors in reducing their life expectancy during disasters. For the most part, women's roles to manage the house care for the children and elderly members of the family hampers their self-rescue efforts in disasters, placing them at an increased danger.

Often, a traditional division of labor can disadvantage women in the event of certain natural disasters. Oxfam (2005) reports when the tsunami hit the coast of Indonesia many women in the rural coastal areas were at home, whereas the men were out at sea fishing or otherwise away from home. In India many women were waiting at the seashore for the fishermen to arrive. In both cases, many more men were spared because the waves only gather height and strength as they approach shore and have their most fatal impact directly at the coast. Similarly, during earthquakes the men are more likely to be out in the open or in more robustly built factories and public buildings while the women are at home in dwellings more easily struck down by earthquakes (Neumayer & Plumper, 2007, p. 554). Beyond the disaster, female casualties begin to mount as existing gender relations restrict access to resources and health care for women. In fact, in disaster scenarios, women are dispensable in some countries and male's survival is prioritised above that of the female. To illustrate, Neumayer and Plumper disclose that in societies with existing patterns of gender discrimination, males are likely to be given preferential treatment in rescue efforts. A telling example is given by a father who, unable to hold on to both his son and his daughter from being swept away by a tidal surge in the 1991 Cyclone in Bangladesh, released his daughter because "(this) son has to carry on the family line" (Neumayer & Plumper, 2007, p.555).

This clear gender bias is also often evident in the allocation of resources and relief materials during incidence of natural disasters. Men are usually tasked with the allocation of resources, and in countries with established gender hierarchies; men almost always get the lion share. Natural disasters aggravate these preexisting discriminatory practices and exacerbate their harmful on impacts the health of women and girls. Similar gender analysis of natural disasters by Marshal Murillo and Shukui Tan (2017) reveal that, for example, in the 1991 Bangladesh cyclone, 91% of casualties were women. Likewise in Myanmar, 61% of casualties were women after a cyclone struck the country in 2008. In their paper titled "Discovering the differential and gendered consequences of

natural disasters on the gender gap in life expectancy in Southeast Asia”, the authors consolidated the findings of Neumayer and Plumper. According to them, the high mortality rates of women during natural disasters is not unconnected to their systemic socioeconomic, cultural, and political marginalization at the beginning of natural catastrophes and even beyond. As has been established in the preceding reviews, women, especially in developing countries, are expected to fulfill certain domestic roles and responsibilities that directly impinge on their ability to save their own lives during disasters.

They are often burdened with care for children, the elderly, and their family properties. All these together with restrictive social and cultural norms debar them from engaging in life-saving exercises like swimming that are critical in times of disasters (Murillo & Tan, 2017). They proved further that during post-disaster situations, women continue to experience unprecedented challenges that either put their health and well-being at significant risk—e.g. domestic violence, rape, sexual harassment, etc., and even hamper their opportunity to a gainful employment after the occurrence of a disaster—e.g. discrimination in hiring, promotion, and related employment practices (Murillo & Tan, 2017, p.5). What these different studies established is that women, in most disaster situations (disease outbreaks or natural disasters), are disadvantaged. There is a systemic vulnerability women suffer that not only reduce their life expectancy during times of disease outbreaks, but also keep them marginalised socially, economically, culturally, and politically. This vulnerability approach to pandemics would form the anchor for our discussions into the historical disadvantage women suffer during pandemics.

Gendered Pandemic: A Capacity and Vulnerability Approach to Disease Outbreaks

Vulnerability is often applied to contextualise the risks and impacts of disasters. It provides a theoretical framework to anchor robust discussions about the unequal risk of exposure to and harm from natural disasters and infectious diseases that different groups face in the society. In the conceptualisation of vulnerability, there is no final definition, and being rooted in the social sciences, vulnerability approach to disasters has been amenable to varied conceptualisations. Cutter (1993) cited in Cutter (1996, p.533)

proposes that vulnerability is the likelihood that an individual or group will be exposed to and adversely affected by a hazard. It is the interaction of the hazards of place (risk and mitigation) with the social profiles of communities. McEntire (2011: p. 295) citing Mustafa (1998) submits that vulnerability is a “state of defenselessness which renders a community powerless to withstand the debilitating effects of events commonly perceived as disaster or natural hazards”. Blake et al. (1994) quoted in Paul (2013) argues that: by vulnerability we mean the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist, and recover from the impact of a natural hazard. It involves a combination of factors that determine the degree to which someone’s life and livelihood is put at risk by a discrete and identifiable event in nature or in society (p.66).

The above definition recognises one factor of note: vulnerability is a state of proneness or what could be termed liability which indicates that a certain group or individual is at an increased risk of disproportionate impact or susceptibility to natural disasters. Wisner et al. (2004) in McEntire presume liability to involve a combination of factors that determine the degree to which someone’s life and livelihood is put at risk by a discrete and identifiable event in nature or society. For there to be a disaster there has to be not only a natural hazard, but also a vulnerable population (Cannon, 2000), implying that vulnerability is not the presence of natural disasters; rather, it is the availability of a susceptible population. Voss (2008) contends that vulnerability should not be seen as a cause of the disproportionate effects of disasters people face. Vulnerability in itself is a consequence of the flaws in human organisation, which reflect in the extent of people’s vulnerability in disaster situations, and as Cannon asserts, vulnerability analysis is developed from a range of socioeconomic approaches to hazards. Parts of these socioeconomic approaches can be categorised under the capability conceptualisation of the capacity and vulnerability approach, which Wisner et al. (2004) in McEntire (2011, p. 296) suggest is “the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist, and recover from the impact of a natural hazard.” Dow cited in Cutter (1996, p. 531) argues that vulnerability is the differential capacity of groups and individuals to deal with hazards.

Taken together, capacity and vulnerability approach is both the extent of the exposure and sensitivity of a specific group to hazards and their capacity or ability to adapt, cope, and recover from the same hazards. The factors of exposure and capacity are determined by the existing organisation of the society. The system or structure in place either enables their susceptibility or reinforces their adaptive capacity. Scholars do not assume that vulnerability is natural. They recognise that it is a human condition that is consequent upon social, economic, political, and cultural factors. As Cannon suggests, people are part of socioeconomic systems that allocate risks differently to various types of people. The socioeconomic factors are contained within the five components of levels of vulnerability as spelt out by Cannon (2000, p. 49), namely: initial well-being, self-protection, social protection, livelihood resilience, and social capital.

Adapting Capacity and Vulnerability Approach (CVA) Framework for Gender Analysis

CVA framework was designed by the International Relief/Development Project (IRDP), an inter-NGO initiative to “help the givers of aid learn how to give it so that it supports the efforts of people to achieve social and economic development’ (Cannon and Twigg, 2003). The purpose was to find a way to optimise relief interventions for socioeconomic developments. Since its inception, the approach has been applied to a broad range of social challenges, especially natural disasters and its widespread impacts on vulnerable populations. Originally developed to guide humanitarian preparedness and intervention, CVA has also been employed as a framework to help identify “specific strengths and weaknesses of a particular community that may help or hinder individuals in that community to address social, political, environmental, resource, and developmental concerns” (Birks, et al. 2016 p. 931).

According to March et al. (2005, p.78), the CVA framework was designed to help outside agencies plan aid in emergencies, in such a way that interventions meet immediate needs, and at the same time build on the strengths of people and their efforts to achieve long-term social and economic development. The framework is built on the strength-weakness dichotomy which determines the level of impacts of a disaster or disease outbreak on a certain population and how they respond based on their

strengths (capacities) and weaknesses (vulnerabilities). Applied to gender analysis, CVA helps to critically frame how the existing power dynamics, social and cultural norms, and gender responsibilities determine the level of exposure and sensitivity to as well as the ability to adapt, cope, and recover from a natural disaster or disease outbreak (Birk et al., 2016).

The CVA framework conceptualises capacities as 'existing strengths of individuals and social groups', and encompass 'people's material and physical resources, their social resources, and their beliefs and attitudes' (March et al., 1999 cited in Birk et al., 2016). Capacities are developed over time and determine the ability of people to adapt, cope with an emergency situation and recover from it (Oxfam, 2010). March et al. (1999) in Birk, et al. (2016) recognized vulnerabilities as 'long-term factors that weaken people's ability to cope with the sudden on-set of disaster, or with drawn-out emergencies.' For the purpose of this research effort, *vulnerabilities* is identified as the 'long-term factors that weaken people's ability to adapt, cope, and recover from a devastating pandemic like COVID-19. Vulnerabilities allow people to be more susceptible to disease outbreaks. According to March, et al. (2005, pg. 79), vulnerabilities exist before disasters, contribute to their severity, make effective disaster response harder, and continue after the disaster.

Adapting the CVA Matrix to Gender Analysis

The CVA matrix was originally designed to be used as a framework to help "outside agencies plan aid in emergencies, in such a way that interventions meet immediate needs, and at the same time build on the strengths of people and their efforts to achieve long-term social and economic development" (March et al. 2005, p.78). Nevertheless, the matrix has been adapted for a broad range of social issues, including for gender analysis in disaster situations. This framework is adapted for the purpose of this research to provide a tool for the gender impact analysis of the novel Corona virus. As has been established in preceding pages, women exhibit greater vulnerabilities in disaster scenarios than men, and most often than not, they are incapable of accessing the needed healthcare and finance to cope and recover from the disaster. This framework, adapted for the COVID-19 pandemic, will serve as a tool to help researchers, governmental and non-governmental

agencies to properly contextualise the unique issues women (and men) face before and as a result of this pandemic, and engineer a response that is both targeted and equitable for the sustainable social and economic recovery and development for the vulnerable gender.

	Capacities	Vulnerabilities
Physical resources (<i>include climate, land, environment where people live; housing; access to technology; access to potable water and food security; access to capital and other assets</i>).	<p>Strengths/opportunities:</p> <ul style="list-style-type: none"> • <i>What productive resources and skills exist or existed?</i> • <i>Who (i.e. men and/or women) have/had access and control over such resources, skills and hazards?</i> <p>Adapted questions:</p> <ul style="list-style-type: none"> • <i>What productive resources and skills exist? Do these resources and skills exacerbate or mitigate the gender impact of COVID-19?</i> • <i>Who has control over access to resources, and has this changed with the COVID-19 pandemic? If so, how and why?</i> 	<p>Weaknesses/threats:</p> <ul style="list-style-type: none"> • <i>What are the ways in which people in this community are or were physically and/or materially vulnerable?</i> • <i>What hazards exist/existed?</i> <p>Adapted questions:</p> <ul style="list-style-type: none"> • <i>What are vulnerabilities in the community (i.e. are there food security issues, access to required medications, stigma, education etc.)?</i> • <i>What are possible hazards (i.e. distance to healthcare resources, education about health, access to medications, stigma etc.), that may exacerbate the COVID-19 pandemic? Do said hazards affect men and women differently? How?</i>

<p>Social and organisational resources (refer to the social fabric of a community, and includes formal political structures, as well as informal systems through which people make decisions, establish leadership and organize various activities—social and economic. Social systems include family and community, and decision-making patterns refer to within family and between families. This category also considers division of labour, division of assets and division of decision-making/ agency capacity).</p>	<p>Strengths/opportunities:</p> <ul style="list-style-type: none"> • What was the social structure underpinning gender relations before COVID-19 emerged, and how did it serve them in the face of this disaster? • What is the impact of COVID-19 on social organisation? • What is the level and quality of participation in these social structures? <p>Adapted questions:</p> <ul style="list-style-type: none"> • Describe the social structure underpinning gender relations. How does the existing social structure exacerbate, reduce or remain neutral in relation to the COVID-19 pandemic? • Has social organization changed in response to the COVID-19 problem? How? • How are labour and assets divided within the society and household? What effect do these divisions have on exacerbating or mitigating the pandemic? 	<p>Weaknesses/threats:</p> <ul style="list-style-type: none"> • What divisions of gender roles exist? <p>Adapted questions:</p> <ul style="list-style-type: none"> • What divisions of gender roles exist? How do such divisions influence the COVID-19 problem and potential solutions? • Are potential solutions or mitigation efforts possible given the social context? Who makes that decision within the society and at the household level?
<p>Attitudinal and motivational (include cultural and psychological factors, such as religion, community's history of crisis, expectation of emergency relief/aid, survival strategies, agency etc.)</p>	<p>Strengths/opportunities:</p> <ul style="list-style-type: none"> • How do men and women in the society view themselves, and their ability to deal effectively with their social/political environment? • What were people's 	<p>Weaknesses/threats:</p> <ul style="list-style-type: none"> • Are community members and/or individuals able to adapt to the context post-COVID-19? How (or not)?

	<p><i>beliefs and motivations before the pandemic and how has the pandemic affected them?</i></p> <ul style="list-style-type: none"> • <i>Do people feel they have the ability to shape their lives? And, is that ability considered equal/equitable between men and women?</i> <p><i>Adapted questions:</i></p> <ul style="list-style-type: none"> • <i>How do men and women in the society and at the household level view themselves in the context of the COVID-19 pandemic?</i> • <i>What social and political factors exist that may influence the society and household's ability to address the emerging problem in relation to understanding the nature of the problem?</i> • <i>What beliefs and motivations existed before the problem? Have they changed? How?</i> • <i>What strategies are individuals and the society as a whole employing to address the problem? If none, why?</i> 	<p><i>Adapted questions:</i></p> <ul style="list-style-type: none"> • <i>What factors contributed to the development of emerging problem/social issue?</i> • <i>Are these factors internal or external to the society?</i> • <i>How are individuals coping with the problem?</i>
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Table adapted from Birk et al. (2016).

Methodology

Five hundred respondents were surveyed for this study, the purpose of which was to examine the gender impacts of COVID-19 on the Lagos State population using the capacities and vulnerabilities approach framework. Survey proved a useful research method as it did not only enabled us to ask specific questions, but it also fitted perfectly within the COVID-19 restriction guidelines existing in the state, allowing us to send out questionnaires online without physical contacts. By means of conceptualisation, survey research method is, in a simple term, the “collection of information from a sample of individuals through

their responses to questions” (Schutt, 2012 cited in Ponto, 2015, p.168). Employing instruments like questionnaires and interviews, survey research method helps researchers to collect relevant information from a sample population via their responses to specific questions.

Result

CVA Matrix for COVID-19 Gender Impact Analysis in Lagos State, Nigeria

	Capacities		Vulnerabilities	
	Men	Women	Men	Women
Physical resources	63% of men have access to productive resources that help them to adapt and cope with the COVID-19 pandemic.	37% of women have access to productive resources that help them to adapt and cope with the COVID-19 pandemic.	50% of men lack one or a combination of physical resources factors (e.g. unemployment, insecurity, food shortages, etc.) that increase their exposure to the COVID-19 pandemic.	75% of women are sensitive to the COVID-19 pandemic impacts due to limited access to productive resources like capital, job opportunities, access to security and medical care, etc.
Social and organisational	78% of men in Lagos State make the decision at home, and are responsible for driving COVID-19 policies and interventions	22% women in Lagos State make the decision at home while a further 35% of women in Lagos State influence government's policies and interventions for COVID-19.	Rising youth unemployment and limited educational opportunities is hampering social and political involvement in Lagos State for 30% of men.	85% of women in Lagos State are primarily responsible for home-making, care-giving, and are excluded from social and political positions that matter.
Attitudinal and motivational	Cultural privileges allow 60% of men in Lagos State to have resource control and are independent enough to cope with the COVID-19 pandemic.	55% of women in Lagos State have strong support system and are positive about receiving aids from family and friends to adapt and cope with the COVID-19 pandemic.	Social and economic pressures compel 35% of men in Lagos State to engage in potentially risky activities that increase their exposure to the corona virus.	Decision-making roles for women are limited, and 73% of women are exposed to the negative impacts of the COVID-19 pandemic due to cultural restrictions, patriarchal oppressions, and limited agency.

Discussions of Findings

Review of available literature reveals the disproportionate gender impacts of disease outbreaks and how women and girls are more vulnerable to the social, economic, and political implications of hazards. Similarly, available research proves that women and girls are typically not empowered to adapt and cope during and after a health crisis or natural disaster (Minor, 2017). The discussion of findings will centre on the three pillars of the capacities and vulnerabilities approach framework, which also constituted the research questions.

Physical Resources

Physical or material resources is the first variable in the capacities and vulnerabilities approach framework, and appreciating the gender-related capacities and vulnerabilities of those exposed to the novel corona virus is an important step towards engineering a bespoke and equitable intervention from the government and relief agencies. Material resources, according to the framework, include access to potable water, security, job opportunities, technology, food, and capital – among others. In Lagos State, the hotbed of the corona virus in Nigeria, the survey reveals that women are more vulnerable in terms of access to such resources as job opportunities, access to capital and technology, and security, which is further exacerbated by the pandemic. For example, when asked to list the available job opportunities for women and men in Lagos, a vast majority, 75%, named catering, teaching, craft-making, nursing, care-giving, administrative assistant, house help, and trading as the job opportunities available for women.

In stark contrast to these, men were judged to be qualified for “skilled jobs” as one respondent answered and “managerial jobs” as another respondent noted. Software programming, engineering, medical doctor, communications, and sales and marketing were some of the jobs listed for men. This echoes the Office of the United Nations High Commissioner for Human Rights (OHCHR) COVID-19 reports that 92% of women in sub-Saharan Africa are occupied in the informal sector and are “poor, dispossessed, landless, unemployed, working in the informal sector, shouldering the burden of care, especially where war, hunger and disease have weakened state capacity and responses” (OHCHR, 2020, p. 7).

Furthermore, 60% of the respondents agree that women are more exposed to the risks of corona virus, listing unemployment, limited medical and information access, lack of security, domestic abuse, and poverty as some of the existing factors that are likely to aggravate due to the pandemic.

Social and Organisational Resources

Social and organisational resources describe the dominant social structure of a community that informs political decisions, economic considerations, and cultural engagements. According to Birk, et al. (2016, p.937), social resources include the formal political structure and the informal systems through which people make decisions, establish leadership, or organise various social and economic activities. These structures and systems are reflected in the family, community organisations, religious formations, political parties, and in the line of decision making within and between families and communities. Social resources establish who makes what decision, who allocates what resources, who heads what organisation, and who is responsible for leading socio-economic activities. Birks et al. (2016, p. 940) contend in their study that in Tanzanian Maasai homes, women are less involved in decision making, and “gendered social organisation dictates that women in this traditional community are only permitted to make decisions about their own and their children’s health and access to healthcare after the male head-of-household permits.”

This social (family) according to the CVA framework further increases the vulnerabilities of women in disaster situation. Similar patterns were revealed in the present study (survey), where 78% of the respondents submit that men are saddled with decision making in households in Lagos State. Respondents highlighted that unequal economic access, limited social and political capital, and low education contribute to the existing gender roles in household across Lagos State, further aggravating women’s exposure to the negative effects of the pandemic. Because of this, 66% of surveyed population agree that women are not coping as well as men during the COVID-19 pandemic in Lagos State, and affirm that the gender roles in households across Lagos State influence the scale of the COVID-19 problem and potential solution. COVID-19 has not only uncover the vulnerabilities of women during disease outbreaks and natural disasters, but it has

also exposed the problems with the existing gender roles and why now more than ever, women's social and economic capacity need to be increased.

Motivational and Attitudinal

The third and final variable in the CVA framework matrix, the motivational and attitudinal capacities and vulnerabilities highlights the gendered cultural and psychological factors that either increase vulnerabilities or enhance capacities during hazards with widespread impacts like the COVID-19 pandemic. These cultural and psychological factors include religion, agency, survival strategy, dependency, and expectations of emergency relief (Birks et al., 2016). We asked respondents how they view their ability to deal with the COVID-19 situation. A majority of women (77%) submit that they do not view themselves to be able to manage the economic and social implications of the COVID-19 pandemic on their own. By contrast, 45% of men feel they do not have the ability to deal with the fallout of the pandemic. The helplessness women feel in this situation stems from the gender roles structure that make women dependent on men at home. Therefore, when a disaster in the scale of the COVID-19 pandemic strikes with all its economic and social appendages, women are the first to feel the resultant economic and social meltdown. They are also often the last to recover from the hazard. These findings echo the position of Minor (2020) in a study on the gender dimension of the Ebola Virus in Sierra Leone.

As well, it should be noted that although men were the first to contract the virus, however, as the contagion progressed, the effect began to tell more on women due to the existing gender roles in the area under investigation. Women largely stayed at home to cater to sick family members, exposing them directly to the contagion. More so, their support systems broke down, plunging them further into poverty and dependency which resulted in a drastic increase in their vulnerabilities. In addition, the study found that women's agency is limited in crisis situations like the COVID-19 pandemic with 69% of female respondents admitting that they are not empowered to influence emergency relief plans and the proposed solutions to the pandemic problem.

Conclusion

As Paz et al. (2020) assert, COVID-19 is not gender-blind, and the widespread effects of the virus have only expanded the existing fault lines in gender relations, opportunities, and agency across the world. Based on the above framework, vulnerabilities for women could be present in physical resources, where they lack the means as well as the opportunities to access materials to mitigate the impacts of the virus on them. In some developing economies around the world, female education is less-emphasised and their prescribed gender roles that effectively keep them at homes means they are shut almost completely from receiving and processing valuable information about the virus to increase their adaptive capacity (Minor, 2017). By examining these longstanding problems in relation to the COVID-19 pandemic, we would be able to understand the gender-related capacities and vulnerabilities of resource-poor groups (Birk et al., 2016). The CVA framework contains interrelated variables that influence each other. Social organisation determines resource allocation to specific groups, which either expose their vulnerabilities or enhance their capacity.

This framework is by no means perfect and can be adjusted to fit local scenarios. It, however, provides a ready and simple-to-use tool for gender analysis in a disaster situation like the COVID-19 pandemic. The purpose of this CVA tool is to understand gender vulnerabilities in the face of a devastating contagion, how to mitigate the vulnerabilities and expand gender capacities to adapt, cope, and recover from the virulent disease outbreak. Lack of access to adequate healthcare and educational opportunities, restrictive gender roles, and absence of agency are some of the vulnerabilities identified with women. These vulnerabilities are increasing their exposure and sensitivity to the virus. The CVA framework helps to put this in perspective while assisting aid givers and policymakers to develop inclusive and fair interventions to expand the capacity of vulnerable women during this pandemic. As stated earlier, this framework can be adapted to reflect local realities across the world. COVID-19 has changed the world forever and amidst the devastation, it has presented the world an opportunity to review the existing gender relations and power dynamics between men and women with the aim to address the fundamental challenges gender inequality poses to widespread, sustainable social and economic development post-COVID19.

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